



## Montana Department of Revenue Business Registration

<b>Legal Business Name</b>			<b>▼ Required ▼</b>  <b>Federal Employer Identification Number</b> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px;"></div> <b>OR</b> <b>Social Security Number</b> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px;"></div>
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	

**1. Reason for Registration** (Check the applicable box.)

- |   |   |
|---|---|
| <input type="checkbox"/> Started new business.<br><input type="checkbox"/> Re-registration (reopening business)<br><input type="checkbox"/> Holding an asset (e.g., RV)<br><input type="checkbox"/> New Tax Exempt (see instructions)<br><input type="checkbox"/> Other - please attach explanation | <input type="checkbox"/> Purchased existing business. Provide the following information:<br>Previous business name _____<br>Date Acquired <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div><br>Previous Owners _____ |
|---|---|

**2. Entity Type** (Check only one box.)

- |   |           |  |
|---|-----------|--|
| <input type="checkbox"/> Trust<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> C Corporation<br><input type="checkbox"/> S Corporation<br><input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Disregarded Entity | <b>OR</b> | Limited Liability Company (LLC) taxed as:<br><input type="checkbox"/> Single Member Disregarded Entity/Sole Proprietorship<br><input type="checkbox"/> Multiple Member Partnership<br><input type="checkbox"/> Elected to be C Corporation with IRS<br><input type="checkbox"/> Elected to be S Corporation with IRS |
|---|-----------|--|

**3. Date of First Business Activity in Montana** /  /

**4. Secretary of State ID**

**5. Federal Business Code** (NAICS Code)   

**6. Describe Business Activity in Montana** \_\_\_\_\_

**7. Owner Information**

If your tax type is Partnership, S corporation or Disregarded Entity, list the owners of your business below. Include a separate page if more than three owners. If the owner is an individual, estate or trust, indicate whether the owner is a resident or nonresident by using the codes R or NR. For each owner, indicate the entity type by using the following codes:

I - Individual, E - Estate, T - Trust, C - C corporation, P - Partnership, S - S corporation, L - LLC, O - Other

Owner's Name	R/NR	Entity Type	Owner's FEIN/SSN
1.			<div style="border: 1px solid black; width: 100px; height: 15px;"></div>
2.			<div style="border: 1px solid black; width: 100px; height: 15px;"></div>
3.			<div style="border: 1px solid black; width: 100px; height: 15px;"></div>

**8. Contact Information**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone  -  -       Fax Number  -  -

Email Address

**9. Business Income Taxes**

Calendar Year End       Fiscal Year End - Month \_\_\_\_\_

If the entity name and FEIN printed on the Montana income tax return is different than the name and FEIN entered on page 1, provide the name and FEIN of entity filing your Montana income tax return.

Name \_\_\_\_\_ FEIN

**10. W-2 and 1099 Withholding (Optional-Complete this section if this tax applies to you.)**

Date Montana Source Payroll Started and/or 1099 Withholding (e.g., 1099-R Withholding)  /  /

Check the applicable box if you are an agricultural or domestic employer.     Agricultural     Domestic Employee

**11. Mineral Royalty Withholding (Optional-Complete this section if this tax applies to you.)**

Date Montana Source Royalty Payments Started (1099 misc)  /  /

Type of Mineral Production     Oil     Gas     Coal     Other Mineral (list type) \_\_\_\_\_

**12. Miscellaneous Tax (Optional-Complete only if these taxes apply to you.)**

Check the miscellaneous tax(es) for which you are registering.

Lodging Facility Sales and Use Tax (short-term lodging)       Rental Vehicle Tax

Start Date  /  /

If you have multiple locations, copy the table below and complete for each location.

Doing Business As (DBA) Name			Is this facility within city limits?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
DBA Business Address (physical location)			Is this a seasonal business?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip Code	If seasonal, what months will it be in operation?
Contact Person		Phone Number	

**Attention New Montana Accommodations:** The Montana Office of Tourism, a division of the Department of Commerce, provides a complete list of Montana accommodations at [visitmt.com](http://visitmt.com). This list is provided at no cost to you as a service to your business and to consumers.

Would you like the Department of Revenue to release your lodging facility tax information and account ID number to the Montana Office of Tourism so your business will be listed?       Yes     No

**Declaration**

Under penalty of false swearing, I declare that I have examined this document, and to the best of my knowledge and belief, it is true, correct and complete.

**X** \_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Representative

\_\_\_\_\_  
Title

**Send to:** MT Department of Revenue, Attn: Registration Unit, PO Box 5805, Helena, MT 59604-5805  
or **fax to:** (406) 444-7723, Attn: Registration Unit.

# Business Registration Form Instructions

## General Information

Enter the name, mailing address and federal employer identification number (FEIN) and/or social security number (SSN). **Please note:** an SSN is required for Sole Proprietors and an FEIN is required to register a wage withholding account regardless of your entity type.

## Reason for Registration

Indicate the reason you are completing this registration.

If you are a single member LLC holding an asset, such as an RV, check  *Holding an asset*.

*New Tax Exempt:* please note that you need to get tax exempt status with the Montana Department of Revenue even though you may already have tax exempt status with the Internal Revenue Service and a nonprofit business license with the Montana Secretary of State. To receive tax exempt status for Montana income tax purposes, complete Form EXPT, available on our website at [revenue.mt.gov](http://revenue.mt.gov). If you also need to register for withholding, mineral royalty withholding, lodging facility sales and use tax and/or rental vehicle tax, you also need to complete page 1 and the corresponding sections on page 2 of this form. Do not complete this form for the Montana Department of Revenue property tax exemption. For more information about the property tax exemption, visit our website at [revenue.mt.gov](http://revenue.mt.gov) or call us at (406) 444-6900.

## Entity Type

Check only one box based on how you are classified for federal income tax purposes.

## Date of First Business Activity

Enter the date the entity started business activity in Montana or the date planned to start activity in Montana.

## Secretary of State ID

Enter the entity's Montana Secretary of State Identification number. This number is referred to as the Certified File Number or Filing Number on all correspondence issued by the Secretary of State's office and begins with a letter followed by six to eight digits. It was originally provided with the certificate of authority to do business in Montana or when the entity was incorporated in Montana. Enter the letter, followed by the next six to eight digits of the number. For example, if your Certified File Number is D-123456, enter D123456 in the spaces provided. Leave any extra boxes blank. An entity's Secretary of State Identification number can also be found on the Secretary of State's website at [sos.mt.gov](http://sos.mt.gov) by searching for the business' name under the Business Search section.

## Federal Business Code

Enter the Principal Business Activity Code. The Business Activity Code is based on the North American Industry Classification System (NAICS). For more information, visit [naics.com](http://naics.com).

## Business Activity

Provide a description of the business activity in Montana.

## Owner Information

List the owners of the business, including their FEIN or SSN and their entity type. If the owner is an individual or estate or trust, indicate if they are a resident or nonresident.

## Contact Information

Provide the name and phone number of a person we can contact if we have questions regarding this form.

## Business Income Taxes

A business that has property, payroll and/or sales in the state of Montana must file the appropriate annual Montana business income tax return. More information about this requirement can be found on our website at [revenue.mt.gov](http://revenue.mt.gov).

To complete the registration for your business income tax account, check the box if you are a calendar year filer or a fiscal year filer. Also, provide the month your fiscal year ends. If your income tax return will be filed under a different name and FEIN than the one entered on page 1 of this form, provide the name and FEIN of the entity that will file the return, e.g., a corporation filing as part of a combined return.

## W-2 and 1099 Withholding

Complete this section if you have employees. Provide the date the entity began Montana source payroll and/or Montana compensation subject to withholding. See 15-30-2501, MCA.

## Mineral Royalty Withholding

Complete this section if this tax applies to you. Provide the date the entity began remitting Montana source mineral royalty payments.

## Miscellaneous Tax

Complete this section if either of these taxes apply to you. Provide the date the entity started in Montana.

If your business activity includes short-term lodging facilities or rental vehicles, provide additional information for each location you are registering.

## Declaration

This form must be signed by:

- An officer, if the entity is a corporation or a nonprofit organization
- A general partner, if the entity is a partnership
- A member, if the entity is a LLC
- An owner, if the entity is a disregarded entity or sole proprietorship
- A fiduciary, if the entity is a trust

## Filing this Form

- **Fax** to (406) 444-7723  
Attention: Registration Unit
- **Mail** to Montana Department of Revenue  
Attn: Registration Unit  
PO Box 5805  
Helena, MT 59604-5805
- **File Online** on TransAction Portal at <https://tap.dor.mt.gov>. Available only for business registering for W-2 and 1099 withholding, mineral royalty withholding, lodging facilities sales and use tax or rental vehicle tax.

**Questions?** Please call us at (406) 444-6900 or visit our website at [revenue.mt.gov](http://revenue.mt.gov).